

Standard Account Application

Do not use this form for IRA accounts.

Date of Birth

Please refer to the Fund's prospectus for minimum investment amounts and subsequent investment requirements.

https://www.domini.com/

If you have any questions or need any help filling out the application, please call **800-582-6757**.

After you have completed and signed this application,

Please mail to: Overnight Delivery: **Domini Funds Domini Funds**

PO Box 46707 225 Pictoria Dr, Suite 450 Cincinnati, OH 45246 Cincinnati, OH 45246

Fax 1-877-513-0756

1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C, D or E:

A. INDIVIDUAL OR JOINT (Please check one):

Individual

Individual with Transfer on Death Designation (Section 9 must be completed)

Joint Account (Joint owners have rights of survivorship, unless state laws regarding community property apply)

Joint Tenants with Rights of Survivorship

Joint Tenants in Common

Joint Tenants Community Property

(if no account type is specified, account will be established as joint tenants with rights of survivorship)

Joint Tenants with Rights of Survivorship with Transfer on Death Designation

(Section 9 must be completed)

Joint Owner	Social Security Number	Date of Birth

Social Security Number

Email

Name

Citizenship: U.S. or Resident Alien Other (please specify)

Joint Owner's Relationship to Owner: Spouse Non-spouse (if no election, relationship will be considered Non-Spouse)

B. UNIFORM GIFT/TRANSFER TO MINORS ACCOUNT (UGMA/UTMA)

Custodian's Name Custodian's Social Security Number Custodian's Date of Birth

Minor's Name Minor's Social Security Number Minor's Date of Birth

Minor's State of Residence Email

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C. TRUST (Include a copy of the title page, authorized documentation may result in a delay in processing years).		of the Trust Agreement. Failure to provide this
Trust or Plan Name	Email	
Trust Date (mo/day/yr)	Employer or Trust Tax	kpayer ID Number
Trustee's (Authorized Signer's) Name (First, Middle In	nitial, Last)	
Trustee's Date of Birth (mo/day/yr)	Trustee's Social Secur	rity Number
Co-Trustee's (Authorized Signer's) Name (First, Middle	le Initial, Last)	
Co-Trustee's Date of Birth (mo/day/yr)	Co-Trustee's Social So	ecurity Number
D. CORPORATIONS OR OTHER ENTITIES (Inc. government-issued business license, partnership papthe authorized individuals. To help the government fight financial crime, Federal verify, and record information about the beneficial of Please complete section entitled "Certification Resestablished on behalf of a legal entity, which includes a public document with a Secretary of State or similar States or a foreign country. Legal entity does not incaccounts on their own behalf. Failure to provide this C Corporation S Corporation Corporation	pers, plan documents or other official all regulation requires certain financial wners of legal entity customers. Egarding Beneficial Owners of Legal is a corporation, limited liability compair office, a general partnership, and a clude sole proprietorships, unincorporation may result in a delay	documentation that verifies the entity and lists institutions, including mutual funds, to obtain, al Entity Customers" if the account is to be any, or other entity that is created by a filing of any similar business entity formed in the United trated associations, or natural persons opening in processing your application.)
If no classification is provided, per IRS regulations, your account	t will default to an S Cornoration.	
Name of Corporation or Other Business Entity	Tax ID Number	Email
Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
The number of individual(s) required to transact busine Corporation as indicated below (check one):	ess without the consent of the board or	any director, officer, or other person of the
Any authorized signer may act independently. All authorized signers are required.	Two authorized signers are required.	Three authorized signers are required.

E. Estate (Include a copy of a probate document indicating the name of the Executor of the Estate, such as Letters Testamentary or Letters of Administration.)

Name of Estate Estate Tax ID Number Email

Executor Social Security Number Date of Birth

Co-Executor Social Security Number Date of Birth

2. DUPLICATE STATEMENTS (For Dealers, Financial Planners, Interested Parties)

Name Company

Street Address City, State, ZIP

Email Address Daytime Telephone

Broker/Dealer Code Branch (if applicable)

Please mark the appropriate box:

Interested Party Broker/Dealer Financial Planner Trust Administrator

3. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address Daytime Telephone

City, State, ZIP Evening Telephone

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Mailing Address City, State, ZIP

accounts or for each fund for which you establish an Automatic Investment Plan (Step 5).)	sed to \$1,500 per fulld for odiviA/OTMA
Name	Amount
Domini Impact Equity Fund - Investor Class (DSEFX)	\$
Domini International Opportunities Fund - Investor Class (RISEX)	\$
Domini Sustainable Solutions Fund - Investor Class (CAREX)	\$
Domini Impact International Equity Fund - Investor Class (DOMIX)	\$
Domini Impact Bond Fund - Investor Class (DSBFX)	\$
Domini Deposit account at PNC Bank N. A.**	\$
Total:	\$

The Funds generally do not accept cash, cashier's checks, money orders, checks made payable to third parties or dated six months or older, starter checks, traveler's checks, or checks drawn on a non-U.S. bank. Automated Clearing House (ACH) cannot be used for the initial purchase.

5. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Please complete this section to choose a distribution option. If no option is selected, all dividends and capital gains will be reinvested. If Cash is selected, the distribution will be sent by ACH if bank information is included in Section 6, otherwise sent by check to the address of record.

Dividends: Reinvest Cash (Check or ACH) Capital Gains: Reinvest Cash (Check or ACH)

6. AUTOMATIC INVESTMENT PLAN (AIP) (Optional)

AIP allows you to add regularly to the Funds by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the ACH network. If you choose this option, please complete **Section 6 and attach a voided check.** The amount designated will be invested in each fund included in section 3, at the frequency designated below. If you would like to designate different AIP amounts by fund, please do so with a separate letter of instruction, through your online account, or by calling our Investor Services team after the account has been established.

Amount:	\$ (\$50 minimum

Frequency (choose one):

Monthly Twice Monthly Quarterly Annually Twice Annually

Start Date: Month: Day*:

Second Date (for twice options): Month: Day*:

^{**} The Domini Deposit Account at PNC Bank, N.A. is an option for your cash deposits. The Account's assets are deposited with PNC Bank, N.A. Domini Impact Investments ("Domini") will generally assess a \$3 monthly fee for this position, subject to modification or waiver at Domini's discretion. This charge will be automatically withdrawn from your account about the 15th of each month. Deposits with PNC Bank, N.A. are subject to FDIC insurance limits.

^{*} If no day is specified, the draft will be made on the 25th day of the month or the following business day if the 25th falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month.

7. BANK INFORMATION (Optional)

I authorize the Funds to purchase and redeem shares via the ACH network, of which my bank is a member.

Important Note: At least one name on the bank account must match a named shareholder.

Type of Account: Checking Savings

Name on Bank Account Number Bank Account Number

Bank Name Bank Routing/ABA Number

Please attach a voided check from your bank account.

A bank account will not be added without a voided check or without bank verification.

8. COST BASIS METHOD

Cost Basis calculation method for all accounts established by this application:

Average Cost (default method, if not specified)

Highest-Cost, First-Out (HIFO)*

First-In, First-Out (FIFO)*

Specific Share Identification**

Last-In, First-Out (LIFO)*

9. TELEPHONE PRIVILEGES

Telephone and online transaction privileges will be automatically established unless you specifically decline by checking the options below. These privileges allow you to instruct the purchase, sale, or exchange of Domini Funds shares by calling our shareholder services line at 1-800-582-6757 or by accessing your account online at www.domini.com. If you opt out of these privileges, you must provide transaction instructions by mail.

I DO NOT want telephone transaction privileges

I DO NOT want online transaction privileges

10. CHECK WRITING (Optional - Domini Deposit Account at PNC Bank Only)

If you are investing in the Domini Deposit Account at PNC Bank (Step 3) and would like to establish an optional check-writing service, please indicate so by checking the box below. This service allows you to write checks for \$500 or more, assuming sufficient funds in your Domini Deposit Account. If you elect to establish check writing, a supply of checks will be mailed to you approximately 60 days after account opening.

Yes, I request Domini Impact Investments LLC ("Domini") and its agent bank to honor, based on the funds in my Domini Deposit Account, checks (for \$500 or more) drawn by me (us) on the account. Payment would be made by redeeming sufficient funds from my Domini Deposit Account. I understand that the relationship between the bank and me is that no other banking relationship is established hereby.

Please note, you will be able to access your Domini Deposit Account at PNC Bank only through Domini. Domini will act as your agent for the purpose of making deposits to and withdrawals from your account. You will not be able to access your account or obtain balances by contacting PNC Bank directly.

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^{*} If you have any questions, please contact our shareholder services group at 800-582-6757.

^{**} If Specific Share Identification is selected and no instruction is provided at the time of redemption as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

11. TRANSFER ON DEATH BENEFICIARY DESIGNATION (Optional)

Note: Complete only if Individual with Transfer on Death Designation or Joint with Transfer on Death Designation was selected in section 1 and if you want to add a Transfer on Death Beneficiary designation to your account.

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary (ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If any contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a pro rata basis.

Additional Information

Account Ownership. The designation of a TOD beneficiary on a registration beneficiary form has no effect of ownership until the owner's death. Beneficiaries have no rights to account information and/or trading authority until the death of all owners and until proper documentation is provided.

NO.	BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP		IARY OR ΓINGENT	SHARE %
1				Primary	Contingent	
	SSN:	Address:				
2				Primary	Contingent	
	SSN:	Address:	•			
3				Primary	Contingent	
	SSN:	Address:	•			
4				Primary	Contingent	
	SSN:	Address:	•			
5				Primary	Contingent	
	SSN:	Address:	•			
6				Primary	Contingent	
	SSN:	Address:	•			
7				Primary	Contingent	
	SSN:	Address:	· · · · · · · · · · · · · · · · · · ·			
8				Primary	Contingent	
	SSN:	Address:				

9				Primary	Contingent
	SSN:	Address:			
10				Primary	Contingent
	SSN:	Address:	,		

This section should be completed if any marital or community property interest exists in the aforementioned account (s) and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I am not married. I understand that if I become married in the future, I must complete a new designation of beneficiary form. I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. No tax or legal advice was given to me by the Fund Company or Ultimus Fund Solutions.

I hereby give the account holder any interest I have in the funds or property deposited in the account referenced herein and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse	Date

12. ACCOUNT SERVICE FEE, ONLINE ACCOUNT ACCESS & E-DELIVERY SIGN-UP

To reduce the significant cost of printing and mailing paper statements and documents, Domini Impact Investments ("Domini") charges a \$15 annual account service fee for each account with a balance of less than \$10,000, subject to modification or waiver at Domini's discretion. However, you can avoid this fee and save paper and energy by signing up for electronic delivery of statements, fund reports, and prospectuses.

To sign up for e-delivery, once your account has been established, register for online account access by visiting www.domini.com and clicking "My Account." Once registered, you can select which documents you would like to receive electronically under "Document Delivery Settings." With e-delivery, you will receive email notifications when new documents are available and can log on at your convenience to view or download them

13. HOW DID YOU HEAR ABOUT US?

Friend/Family	Twitter	Print Ad:
Financial Advisor/Broker	Facebook	Digital Ad:
Morningstar	Instagram	News Story:
Lipper	LinkedIn	Podcast:
Kiplinger	Conference:	Internet Search:

14. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION (Optional)

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

Dealer Name Representative's Last Name, First Name

DEALER HEAD OFFICE

REPRESENTATIVE'S BRANCH OFFICE

Address Address

City, State, ZIP City, State, ZIP

Telephone Number Rep ID Number Rep ID Number

Email Address Rep Email Address

Branch ID Number

Branch Telephone Number (if different than Rep Phone Number)

15. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

16. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

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The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for **Domini Funds** and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.
- Domini can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.
- I understand that for joint accounts, "I" refers to all account owners, and each of the account owners agrees that any account owner has authority to act on the account without notice to the other account owners. Domini, in its sole discretion and for its protection, may require the written consent of all account owners prior to acting upon the instructions of any account owner.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I am designating the above-mentioned individual(s) as the beneficiary(ies) on my account(s). This designation is effective upon receipt by the Fund's transfer agent and will remain in effect until I deliver written notice of change or revocation of beneficiary(ies) to the Fund's transfer agent.

Transfer-on-death (TOD) laws vary by state. Please consult an attorney licensed in your state for detailed advice regarding your TOD registration. If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this TOD registration, your states' laws could affect the dispensation of the assets.

I, my successors and assigns, do hereby agree to indemnify and hold harmless the Fund, its affiliates, and any directors, officers, employees, or agents of these entities, from and against all claims, liabilities, damages, actions, charges, costs, losses and expenses arising out of or resulting from the transfer upon my death of the balance in the above reference account(s).

Date
Date
Date

17. CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

Note: Complete only if Corporations or Other Entities was selected in Section 1.

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e. beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g. each natural person that owns 25 percent or more of the shares of a corporation); *and*
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g, a Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. *Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii).* It is possible that is some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S) – Persons opening an account on behalf of a legal entity must provide the following information:

- a. Name and Title of Natural Person Opening Account:
- b. Name, Type (select below), and Address of Legal Entity for Which the Account is Being Opened:

Corporation	Limited Liability Company	Limited Partnership	General Partnership
Business Trust	Other entity created by filing	g with a state office	

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	Social Security Number, Passport Number and Country of Issuance, or other similar identification number

(If no individual meets this definition, please write, "Not Applicable")

For Non-ILS. Persons:

- d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
 - An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer):

 OR
 - Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	Social Security Number, Passport Number and Country of Issuance, or other similar identification number
I,		(name of natural person open that the information provided		ertify, to the best of my knowledge, correct.
Signature:			Date:	

TO CONTACT US:

By Telephone

Toll-free: **800-582-6757** Fax: **1-877-513-0756**

In Writing
Domini Funds
PO Box 46707
Cincinnati, OH 45246

or

Via Overnight Delivery 225 Pictoria Dr, Suite 450 Cincinnati, OH 45246 <u>Internet</u>

https://www.domini.com/

For Non-U.S. Persons:

Distributed by DSIL Investment Services LLC

Domini Privacy Notice

FACTS	WHAT DOES DOMINI DO WITH YOUR PERSONAL INFORMATION?		
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	The types of personal information we collect and share depend on the product or service you have with us and whether you visit Domini's website, online application, or digital advertisements. This information can include: - Social Security number - Name, address, email address, and phone number - Account transactions - Assets - Account balances - Retirement assets - Internet or other electronic network activity information regarding your interaction with www.domini.com, online application, or digital advertisements, e.g., unique personal identifier, online identifier, and IP Address When you are no longer our customer, we continue to share your information as described in this notice.		
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Domini chooses to share; and whether you can limit this sharing.		

Reasons we can share your personal information	Does Domini share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), apply strictly necessary cookies to operate, enhance and improve our websites, respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our Investment Management affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't' share
For our affiliates' and Investment Management affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our Investment Management affiliates to market to you – including use of optional cookies applied to understand the use and effectiveness of our websites, online applications, and digital advertisements, or identify topics that may interest you	Yes	Yes
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

To limit our sharing	Send us an email at privacy@domini.com or call 1-800-582-6757 .		
	Please note : If you are a new customer, we can begin sharing your information 7 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.		
Questions?	Call 1-800-582-6757 or email privacy@domini.com.		

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Who We Are				
Who is providing this notice?	Domini Impact Investments LLC (the "Adviser"); DSIL Investments Services LLC; and all the Funds advised by the Adviser (collectively referred to as "Domini"). A complete list of Funds is included under Affiliates below.			

What We Do			
How does Domini protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our internal data security policies restrict access of nonpublic personal information to authorized employees. We maintain physical, electronic and procedural safeguards to guard our customers' nonpublic personal information. Employees who violate our data security policies are subject to disciplinary action, up to and including termination.		
How does Domini collect my personal information?	We collect your personal information, for example, when you: Open an account or invest funds Make contributions to, or withdrawals from, your account Provide account information Give us your contact information Show your government-issued ID Interact with Domini's website, online application, or digital advertisements We also collect your personal information from affiliates or other companies.		
Why can't I limit all sharing?	Sharing for affiliates' everyday business purposes— information about your creditworthiness Affiliates from using your information to market to you Sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.		
What happens when I limit sharing for an account I hold jointly with someone else?	If you hold an account jointly with someone else, we will accept instructions from either of you, and apply them to the entire account. Your choices will apply to everyone on your account.		

Definitions				
Investment Management Affiliates	Companies related by common ownership or control. Our Investment Management affiliates include the Adviser; DSIL Investment Services LLC; and the registered investment companies advised by the Adviser including the Domini Investment Trust and its series, the Domini Impact Equity Fund, the Domini Impact International Equity Fund, the Domini Sustainable Solutions Fund, the Domini International Opportunities Fund and the Domini Impact Bond Fund.			
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include Domini Holdings LLC.			
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. Domini does not share information with nonaffiliates so they can market to you.			
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Domini does not jointly market.			

Business Continuity Plan Disclosure Statement – Domini Funds

Domini Impact Investments LLC and its affiliated distributor, DSIL Investment Services LLC, maintain a Business Continuity Plan (BCP) that has been developed with the goal of protecting the health and safety of our employees and maintaining continuity of service for our Domini Funds shareholders. Our plan is designed to ensure that we are prepared to operate through significant business disruptions, so that our shareholders can access their funds without significant interruption under most circumstances.

Key elements of our BCP include the following:

- Critical data from our computer systems is backed up daily to geographically remote, secure facilities.
- All Domini employees can access Domini's computer data remotely via a secure connection. In the event that Domini's primary network is not accessible, Domini maintains replicas of all files and database servers in a geographically remote disaster-recovery network available to all employees over a secure connection.
- We maintain an office evacuation plan and emergency procedures in the event of a disaster affecting our primary office facilities or surrounding area.
- We maintain an emergency contact list and procedures updated and distributed on a regular basis.

Our mission critical functions, including shareholder transaction processing, custody and fund accounting, and investment submanagement, are accomplished through our key service providers. We require these key service providers to maintain business continuity plans that Domini reviews at least annually. The BCP is designed to address significant business disruptions of varying scope, including a firm-only disruption, single-building disruption, city-wide business disruption, or a regional disruption. In the event of a significant business disruption, our employees are to communicate from alternate locations and access Domini's computer data remotely. Key service providers would be contacted, and would, if possible, continue to provide critical shareholder transaction processing, custody, fund accounting, and investment submanagement services. Our key service providers maintain offices outside New York City, and would not be affected by a city-wide business disruption. Even in the event of a regional disruption of significant scope, we require our key service providers to maintain alternate business locations that can help enable them to resume critical functions in a reasonable period of time.

If you need to contact us after a significant business disruption, please call our Shareholder Information telephone number at 1-800-582-6757, our main office telephone number at 212-217-1100, or visit our website at www.domini.com and go to the "Contact Us" link. If you cannot contact us by calling our Shareholder Information phone number, our main office phone number, or our website, please contact our transfer agent, Ultimus Fund Solutions, LLC, at 513.587.3400 or through its website at https://www.ultimusfundsolutions.com/contact/.

It is impossible for us to anticipate every potential problem that may occur, but we believe our BCP will enable us to continue to conduct business in the event of a variety of possible business disruptions. We believe that our BCP is reasonably designed to help us limit the recovery time necessary to resume operations.

We review and test our BCP at least annually. The BCP is subject to modification based on changing circumstances and assessment of need.